

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594643

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2		/		/			52						
3		2		/			53						
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48							98						
49							99						
50							100						
TOTAL IND.			↓	/	↓		TOTAL IND.		↓				
TOTAL DEP.		←		15	←		TOTAL DEP.		↓				
TOTAL CLAIMS				16			TOTAL CLAIMS		←		←		